"I had surgery at a local hospital, and before I could go home I had to pay my portion of the bill. When I checked the bill over, I knew there were charges for medications and post-operative therapy I never received. I've already paid, but I just know that my insurance company and I are unfairly paying for those charges."

"I have several health problems, and in order to treat one without making the others worse, my physician started me on a certain course of treatment. When the doctor's office filed the insurance claim, the company refused to pay because it said the treatment was not medically appropriate. But my doctor says it is."

"My doctor referred me for an MRI, but the HMO says it's an expensive test that isn't necessary. My doctor believes it's the best way to find out exactly what's causing my problem."

"I signed up for a certain Medicare HMO because it had a really good prescription plan. But after just a few months, I got a notice from the HMO that it was dropping the prescription plan because it was too expensive. If I want to keep that part of my plan, I'd have to pay double the premiums I pay now. If I knew they were going to do this, I wouldn't have signed with them."

"I purchased health insurance because I can't get it through work. But I haven't found a doctor anywhere who is a member of the plan, and I can't get a straight answer from anyone at the insurance company."

TAKE THE PROPER STEPS

If you have a problem with your HMO or POS plan, you should:

1. Call your managed care plan member services department.

Always call your managed care plan member services department first. Give them a chance to solve the problem. Many problems are solved at this level in an informal manner.

2. File a formal complaint or grievance with your plan.

If your phone call to the plan does not solve your problem, call the plan again and tell them that you want to file a formal complaint or a formal grievance.

3. File a complaint with the
Attorney General's Health Care Section.
Complaint forms can be obtained by calling 1-877-888-4877
or from our website,
www.attorneygeneral.gov



WE CAN HELP

Consumer Hotline 1-877-888-4877

www.attorneygeneral.gov

PENNSYLVANIA ATTORNEY GENERAL

TOM CORBETT ATTORNEY GENERAL



Dear Pennsylvanian:

You've heard the stories, or maybe you've lived them: An HMO denying medically necessary treatment; health care insurers delaying payment to hospitals

and doctors so long that the bill collectors are at the door; or the specialist that you really need to see but the HMO says "no." Now, thanks to my Health Care Section, you have somewhere to turn. We can help!

Among the first of its kind in the nation, the new **Health Care Section** (HCS) will help Pennsylvanians secure the treatment they need. Operating within my Bureau of Consumer Protection, the HCS aims to protect health care consumers and help shape Pennsylvania's policies in favor of the consumer.

This brochure is designed to answer some common questions concerning health care. If you need more information, or if you feel you have been treated unfairly by a provider, insurer or managed care organization, call my Health Care Section toll-free at 1-877-888-4877.

THE ATTORNEY GENERAL'S HEALTH CARE SECTION

The Attorney General's Health Care Section advocates on *behalf of consumers* who are experiencing difficulty in dealing with managed care organizations. The Unit fields complaints from consumers and monitors the impact of managed care upon the public.

The Attorney General's Health Care Section *investigates*, *mediates* and *takes legal action* where appropriate on behalf of consumers against entities that engage in unfair or deceptive acts or practices in the delivery of health care. In addition, the Section reviews and proposes legislation to help ensure high quality, low cost health care in Pennsylvania.

The Section is not empowered to act as a legal respresentative for individuals, but investigates and mediates individual complaints.

HOW CAN THE HEALTH CARE SECTION HELP ME?

Attorney General Tom Corbett's Health Care Section is designed to mediate various types of health care complaints including, but not limited to, care coverage denials, quality of care issues, ancillary services and deceptive or fraudulent practices. Listed are potential situations that could be addressed by the Health Care Section:

"I haven't had any problems with my health care plan before, but when I went to pick up a prescription at the pharmacy, the pharmacist said the prescription benefit manager my plan uses refused to cover this medication. When I asked why, he said the

When I asked why, he said the company has dropped several prescriptions from their coverage list, including mine."

"My son is seven years old and has severe asthma. Although it seems we are in our primary care physician's office constantly, our child is not getting any better. We heard about several different treatments that would better manage his asthma, but our doctor says the HMO won't cover any of the disease

management programs or medications."



